



APPLICATION FOR TROOPER EMPLOYMENT

NORTH DAKOTA HIGHWAY PATROL

SFN 2242 (1/05)

MAIL TO:
North Dakota Highway Patrol
600 E Boulevard Ave Dept 504
Bismarck ND 58505-0240

For assistance in completing this application, please call 701-328-2456.

General Information

1. Name (Last, First, Middle)				
2. Present Address		City	State	Zip Code
3. Home Telephone Number		Work Telephone Number		4. Social Security Number
In compliance with the Federal Privacy Act of 1974, the disclosure of your social security number is voluntary. The social security number is used for record keeping.				
5. Have you ever been a student of the North Dakota University System or an employee of the State of North Dakota? If yes, please indicate your student or employee ID number, if known, and your former name(s) if your name changed.				No Yes
6. Do you claim Veteran's Preference?		No	Yes - Attach Report of Separation DD 214	
Do you claim Disabled Veteran's Preference?		No	Yes - Attach Current VA Disability Certification and Report of Separation DD 214	
VETERAN ELIGIBILITY: You must be a North Dakota resident and have served in the active military forces during a period of war as established in the North Dakota Century Code 37-01-40, or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released therefrom under honorable conditions - see North Dakota Century Code 37-19.1. Applicants claiming veteran's preference must attach a copy of REPORT OF SEPARATION DD 214. Disabled veterans must also include a letter less than one year old from the Veteran's Administration indicating such disability.				

Education and/or Training

7. Did you graduate from high school or receive a GED Certificate?						Yes	No
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	No. of Credits		Field		Did you graduate?	Diploma or degree earned	
	Qtr.	Sem.	Major	Minor			
					Yes No		
					Yes No		
					Yes No		
					Yes No		
Other education/training/skills:							
Computer skills (hardware and software):							
Related volunteer experience:							

License or Certification

8. License/Certification	State	Profession	License/Certification #	Expiration Date

Arrest Record

9. Have you ever been charged, posted bond, or convicted in court for any traffic or criminal violation of the law in a federal, state, or civil court? No Yes - If "yes," complete details below:			
State	Place	Charge	Disposition

10. **YOUR EMPLOYMENT HISTORY:** Be specific. This information may be used to determine if your application will be accepted. Start with your present or most recent job. Include armed forces service and any self-employment. Indicate any change of job title under the same employer as a separate position. If you need additional space, attach separate sheets using this same format.

Your Employer		Your duties, responsibilities, size of operation, supervision, etc.	
Type of Business			
City and State			
Your Title			
Name and Title of Your Immediate Supervisor			
Full Time	Part Time		Hours Worked Per Week
From (Month and Year)			To (Month and Year)
Beginning Monthly Salary			Ending Monthly Salary
		IF STILL EMPLOYED MAY WE CONTACT YOUR EMPLOYER? Yes No	
Your Employer		Your duties, responsibilities, size of operation, supervision, etc.	
Type of Business			
City and State			
Your Title			
Name and Title of Your Immediate Supervisor			
Full Time	Part Time		Hours Worked Per Week
From (Month and Year)			To (Month and Year)
Beginning Monthly Salary			Ending Monthly Salary
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Your Employer		Your duties, responsibilities, size of operation, supervision, etc.			
Type of Business					
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Beginning Monthly Salary				Ending Monthly Salary	
IF STILL EMPLOYED MAY WE CONTACT YOUR EMPLOYER?			Yes No		
11. Does your driver's license restrict you to wearing glasses while driving a motor vehicle? No Yes					
12. Is your vision correctable to 20/30? No Yes This information will be verified during the physical examination.					
13. North Dakota state law requires that all persons be citizens of the United States for two years prior to employment as a highway patrol trooper. Can you produce documentation to verify you meet this requirement? No Yes					
14. Do you hold a valid North Dakota motor vehicle driver's license?		No Yes	Class	Number	Restrictions
15. Do you or have you ever had a motor vehicle driver's license from another state?		No Yes	If "yes," list which state(s)		Driver's License Number
16. Have you ever been the driver of a vehicle involved in a motor vehicle accident? No Yes If "yes," list dates and locations of each below.					

17. Have you ever been present where controlled substances such as marijuana, amphetamines, barbituates, hallucinogenics, hashish, cocaine, methamphetamine, opiates, etc. were being used?	No	Yes
Explain how many occasions and dates of last use.		
18. Would you have any reluctance to strictly enforce any and all laws regulating the controlled substances previously mentioned?	No	Yes
19. Have you ever pled or been found guilty of a felony or ever been charged with a felony that was later dismissed under a deferred imposition of sentence?	No	Yes
If yes, explain:		
20. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of North Dakota, or of seeking to alter the form of government of the United States or the State of North Dakota by unconstitutional means?	No	Yes
21. Do you have any objection to a thorough background investigation being made on you, to include copies of your fingerprints being submitted to the FBI for examination?	No	Yes

22. **CERTIFICATION AND AGREEMENT: PLEASE READ BEFORE SIGNING**

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be removed from the job after appointment. I understand that under State and Federal laws, I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical or mental disability or status with respect to marriage or public assistance. I further understand that this employment application and other employment related documents I may have been furnished are not contracts of employment; also, that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work and personal history which is job related. I certify that I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.

Signature of Applicant:	Date:
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ALL INFORMATION IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The North Dakota Highway Patrol is an equal employment opportunity agency. We do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and we comply with the provisions of the North Dakota Human Rights Act.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The North Dakota Highway Patrol does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The Administrative Services Commander, NDHP, 600 E Boulevard Dept. 504, Bismarck, ND 58505-0240, has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.

MAIL APPLICATION TO:

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600 E Boulevard Ave Dept 504
Bismarck ND 58505-0240

Referral Source					
Employment Agency	Television	Poster	Newspaper	Internet	
NDHP Employee(s)	_____	_____	_____	_____	_____
Other (Explain)	_____				

APPLICANT DATA RECORD

(Completion of this form is voluntary)

Qualified applicants are considered for all positions, and during employment employees are treated without regard to race, color, religion, sex, national origin, age, or marital or veteran status.

As employers, we comply with government regulations and affirmative action responsibilities.

This data is for periodic government reporting and will be kept in a file SEPARATE from the Application for Employment.

Position Applied For:	Application Date:
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AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. These data are for analysis and affirmative action only.

CHECK THE APPROPRIATE BOXES

Sex		Handicapped		Ethnic Origin					
Male	Female	Yes	No	Caucasian	Black	Hispanic	Asian/Pacific Islander	American Indian	
				1	2	3	4	5	
Veteran Service			Beginning Date		Ending Date		Disabled Veteran	Percent Disabled	Surviving Spouse
Yes	No					Yes	No	Yes	No